

<i>SERFF Tracking Number:</i>	<i>DLSN-125675495</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delos Insurance Company (FKA Sirius America Insurance Company)</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>DE-BIA-AR-08-1RA</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Waste & Airport Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)

Product Name: Waste & Airport Auto

SERFF Tr Num: DLSN-125675495 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 20.0001 Business Auto

Co Tr Num: DE-BIA-AR-08-1RA

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Authors: David Gartland, Eneildaliz Noboa

Disposition Date: 06/12/2008

Date Submitted: 06/09/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): On Approval

Effective Date (New): 06/12/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

THIS IS A RATE FILING.

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Delos Insurance Company has authorized ISO to file their commercial auto rules and forms on our behalf. At this time we are filing the approved ISO loss costs along with our loss cost multiplier to begin a Waste Haulers and Airport limousines and Vans program.

SERFF Tracking Number: DLSN-125675495 State: Arkansas
 Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100
 Company Tracking Number: DE-BIA-AR-08-IRA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Waste & Airport Auto
 Project Name/Number: /

Company and Contact

Filing Contact Information

David Gartland, Vice President dgartland@delosinsurance.com
 120 West 45th Street (212) 702-3712 [Phone]
 New York, NY 08852 (212) 302-9279[FAX]

Filing Company Information

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware
 Insurance Company)
 120 West 45th Street Group Code: 4381 Company Type: Property & Casualty
 New York, NY 08852 Group Name: Lightyear Delos State ID Number:
 (212) 702-3712 ext. [Phone] Group
 FEIN Number: 13-2930697

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: A \$100 rate filing fee is required if filing to adopt advisory organization's loss cost.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$100.00	06/09/2008	20735783

SERFF Tracking Number: DLSN-125675495 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100
Company Tracking Number: DE-BIA-AR-08-IRA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Waste & Airport Auto
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	06/12/2008	06/12/2008

SERFF Tracking Number: *DLSN-125675495* *State:* *Arkansas*
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *DE-BIA-AR-08-IRA*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Waste & Airport Auto*
Project Name/Number: */*

Disposition

Disposition Date: 06/12/2008

Effective Date (New): 06/12/2008

Effective Date (Renewal):

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125675495 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100
Company Tracking Number: DE-BIA-AR-08-IRA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Waste & Airport Auto
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Form RF-2	Accepted for Informational Purposes	Yes
Supporting Document	Actuarial Justification	Accepted for Informational Purposes	Yes
Rate	ISO Rules 23, 32, 40 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 25 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 55 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 89 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 90 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 93 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 95 Loss Costs	Accepted for Informational Purposes	Yes
Rate	ISO Rule 97 Loss Costs	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>DLSN-125675495</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delos Insurance Company (FKA Sirius America Insurance Company)</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>DE-BIA-AR-08-IRA</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Waste & Airport Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125675495 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-BIA-AR-08-IRA

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Waste & Airport Auto

Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	ISO Rules 23, 32, 40 Loss Costs	CA-2006-BRLA1	New	
Accepted for Informational Purposes	ISO Rule 25 Loss Costs	CA-2006-RZRLC	New	
Accepted for Informational Purposes	ISO Rule 55 Loss Costs	CA-2006-BRLA1	New	
Accepted for Informational Purposes	ISO Rule 89 Loss Costs	CA-2003-BRLA1	New	
Accepted for Informational Purposes	ISO Rule 90 Loss Costs	CA-2006-BRLA1	New	
Accepted for Informational Purposes	ISO Rule 93 Loss Costs	CA-2003-RLC1	New	
Accepted for Informational Purposes	ISO Rule 95 Loss Costs	CA-2005-RLC01	New	

SERFF Tracking Number: *DLSN-125675495* *State:* *Arkansas*
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *DE-BIA-AR-08-IRA*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Waste & Airport Auto*
Project Name/Number: */*

Accepted for ISO Rule 97 Loss CA-2000-BRLA1 New
Informational Costs
Purposes

SERFF Tracking Number: DLSN-125675495 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100
Company Tracking Number: DE-BIA-AR-08-1RA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Waste & Airport Auto
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Accepted for Informational Purposes 06/12/2008
Comments: See Attached.
Attachment: DE-BIA-AR-08-1RA transmittal doc..pdf

Satisfied -Name: Form RF-2
Review Status: Accepted for Informational Purposes 06/12/2008
Comments: See Attached.
Attachments: DE-BIA-AR-08-1RA form RF-2 liability.pdf
DE-BIA-AR-08-1RA form RF-2 phys.dam.pdf

Satisfied -Name: Actuarial Justification
Review Status: Accepted for Informational Purposes 06/12/2008
Comments: See Attached.
Attachment: Waste Haulers Actuarial Memo.pdf

Property & Casualty Transmittal Document

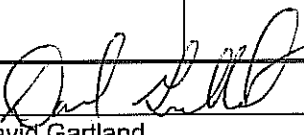
Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #			
Lightyear Delos Group	4381			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Delos Insurance Company	Delaware	35408	13-2930697	2524

5. Company Tracking Number	DE-BIA-AR-08-1RA
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Gartland 120 West 45th Street, 36th Floor New York, NY 10036	Vice President	212-702- 3712	212-302-9279	Dgartland@delosinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		David Gartland		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Waste Haulers & Airport Public Auto
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	Various Commercial Auto Loss Costs
18. Company's Date of Filing	06/03/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	DE-BIA-AR-08-1RA
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Delos Insurance Company would like to begin offering commercial auto coverage in Arkansas for waste haulers and airport public autos. Delos Insurance Company has authorized ISO to file their commercial auto rules and forms on our behalf in Arkansas. At this time we are making a loss cost filing of the currently approved ISO loss costs along with our LCM of 1.70 for auto liability and 1.80 for auto physical damage.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ISO Rules 23, 32, 40, 49, 25, 55, 89,90,95, 97 Loss Costs	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	DE-BIA-AR-08-1RA
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing _ISO CA-2006-BRLA1, CA-2006-RZRLC, CA-2003-BRLA1, CA-2003-RLC1, CA-2005-RLC01, CA-2000-BRLA1_____ () Independent Rate Filing
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 20.0 Commercial Auto, 20.0001 Business Auto, Auto Liability, all territories, Waste haulers & Airport Public Autos

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(x) Without Modification (factor = 1.000)

() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	27.6	%
B.	General Expense	7.5	%
C.	Taxes, Licenses & Fee	3.0	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income	-2.0	%
F.	Total	41.1	%

5.	A.	Expected Loss Ratio: ELR = 100% - 4F = A	58.9	%
	B.	ELR in Decimal Form =	0.589	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.70	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.70	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	DE-BIA-AR-08-1RA
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing ISO CA-2006-BRLA1, CA-2006-RZRLC, CA-2003-BRLA1, CA-2003-RLC1, CA-2005-RLC01, CA-2000-BRLA1 () Independent Rate Filing
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: 20.0 Commercial Auto, 20.0001 Business Auto, Auto Physical Damage, all territories, Waste haulers & Airport Public Autos

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(x) Without Modification (factor = 1.000)

() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)

B. Loss Cost Modification Expressed as a Factor: (See Examples Below)

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	28.5	%
B.	General Expense	8.3	%
C.	Taxes, Licenses & Fee	3.0	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income	-0.5	%
F.	Total	44.3	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	55.7	%
	B.	B. ELR in Decimal Form =	0.557	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.80	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.80	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0	

Waste Haulers & Airport Public Auto
Commercial Auto Loss Cost/LCM Filing

Delos Insurance Company has authorized ISO to file their commercial auto rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.